

Audiology:

Purposes and Brief History:

Since the establishment of the initial organizational structure which became the Hearing and Speech Agency, needs, activities and services for hearing impaired have been incorporated.

Initially the formation of the organization, The Speech Readers League, provided adult hard of hearing people with social contacts and self-help activities. The members had opportunities to improve their oral communication skills and use of amplification. Hearing aids were loaned for trial use and the organization was the first to provide hearing aids for children whose families could not afford to buy them. These services were provided in the 30's and early 40's. In addition, the first special education programs for hearing impaired children, formed in the 1930's were stimulated by members of the organization. These classes later became the Bear School program for hearing impaired children in Baltimore City. In the late 1930's-early 1940's the Agency hired its first professional staff person and qualified for admission to the Community Fund. During the 1950's clinical audiology services were provided, sometimes by a Speech Language Pathologist and sometimes by an audiologist. In 1964 what was then named the Baltimore Hearing Society requested study and recommendations regarding future direction(s) of the Agency by the Health and Welfare Council. Motivation for such study included the need to expand the audiology service which at that time was staffed by one person, maintained a six-weeks waiting list for clinical appointments and served, by testing and loaning hearing aids, between 300-500 hearing impaired adults.

→ Perversely, the study found that the provision of audiology services in a community agency was inappropriate and recommended the discontinuation of the United Way support for the service. Although the Agency was able to obtain modification of that recommendation to allow retention of audiology service for intra-agency needs the Agency was forced to discontinue acceptance of any referrals for audiology services and had to close files on approximately 700 indigent adults waiting for loan of hearing aids from the Agency. This status continued from 1966 to 1978 when limited audiological services were reinstated. However, during that time period the practice of audiology had significantly changed, particularly in terms of the development of major private practices and the provision of various levels of audiology services in physicians' offices.

The position of the Agency as a major provider of audiology services in Baltimore had been severely damaged and, to date, the volume of audiology services has not been reestablished.

1992

Current Purposes/Types of Service:

Testing/evaluation, rule out/diagnose hearing loss for the Speech Language Pathology evaluations and direct referrals.
Recommend/fit appropriate amplification.
Audiology, monitoring/testing for Gateway students.
Education of parents, staff, public assistance with monitoring and maintaining auditory trainers, amplification systems.
Make ear molds.

Staffing:	One full time licensed audiologist; the Executive Director is also a licensed audiologist.														
Key Events Affecting Program:	<p>United Way stricture on provision of audiology services in 60's and 70's. Lack of consistent staffing in the mid-late 80's. Community view of Agency as place to refer indigent (non-income producing) clients. Lack of third party funding mechanisms for adult hearing impaired.</p> <p>Development of major audiological service sites by private practice, for-profit companies, physicians office, within school systems.</p>														
Number of Services (1992):	716														
	Clients (unduplicated) and Services in Relation to Referral Source:														
	<table> <thead> <tr> <th></th><th># of Clients</th><th># of Services</th></tr> </thead> <tbody> <tr> <td>Clinical/PITP direct:</td><td>168</td><td>212</td></tr> <tr> <td>Gateway</td><td>49</td><td>157</td></tr> <tr> <td>Keswick:</td><td>34</td><td>347</td></tr> </tbody> </table>				# of Clients	# of Services	Clinical/PITP direct:	168	212	Gateway	49	157	Keswick:	34	347
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Duplication of Services:	Audiological services are widely available.														
Differences from Competitive Programs:	<p>Hearing and Speech Agency offers a sliding fee scale; not available in many other services sites. We do not provide ABR, ENG, Digital HA's. We refer as appropriate. Narrative reports; these are provided by hospitals but may not be by all private practice sites. More-than-words program--for nursing home staffs. Lieberman Fund; provision of hearing aids for indigent/low income adults (seniors) 94-6 annually).</p>														
Current Constituencies/ Markets:	<p>Adults: With known hearing losses Mainly private referrals— Full-fee (word of mouth) Reduced-fee (many from agencies) DVR Keswick residents</p> <p>Children: Screening/limited testing; part of Speech Language Evaluation process Suspected/confirmed hearing loss; Primarily funded by Medical Assistance or Children's Medical Services. Gateway students</p>														

Primary Referral Sources:	Children with S/L Disorders Gateway students Keswick Adults with H/L
Other Referral Sources:	Previous/current clients Physicians, clinics, other agencies
Strengths/Weaknesses:	<p>Services similar to other providers. Amount of explanation provided may be more comprehensive than that provided by other agencies. Several private clients have specifically indicated that they wished to be tested by someone who did not sell hearing aids. Our range of services is not as broad as that of some other service providers in the area (ABR/ENG/digital HA's) but it is quality service and people comment on the comprehensiveness of evaluation and orientation to amplification. We do have/provide info and referrals for more highly technical procedures.</p> <p>One major drawback we have is the amount of time required to obtain Medical Assistance preauthorization for our services, particularly initial evals. Many physicians prefer to refer to hospital-based audiology programs where the preauthorization process is not required.</p>
Concerns/Issues:	<ul style="list-style-type: none"> → Range of services currently offered. → Length of time needed to get MA authorization for specific client's service; this can mean that physicians refer elsewhere Lack of public funding for audiology services and hearing aids for adult low income Being able to be competitive with private practice and for-profit services from this location
New Directions to be Considered: Future Programming/Needs:	<ul style="list-style-type: none"> Maintain current populations Develop marketing to attract more clients and persons capable of paying fees Consider hearing aid dispensing Consider relationship to ADA and Agency possible programming Develop more DVR referrals and reimbursed services Seek new markets which can financially meet costs for services

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Gateway School:

Original Purposes and Brief History:

Gateway Preschool was established in 1957-58 as a part-time intervention program for young children experiencing hearing, language and speech disorders and related areas affecting attention, memory and cognitive function. It was formed through the efforts of Dr. Miriam P. Hardy and Dr. William Hardy of the Hearing and Speech Center of Johns Hopkins University, Dr. Cyrus Blanchard, Head of the Department of Otolaryngology of the University of Maryland Hospital, and Mr. Jay Cherry, Executive Director of the Baltimore Hearing Society. It was established to provide special education and therapy for young communicatively impaired children to take advantage of the early language-learning years and to meet existing need. At the time Gateway was developed the only public school service available for such children was the Baer School, Baltimore City, which enrolled hearing impaired children at age 4 and above. No other programs or special services were available in the public school systems for children below age 6 until the mid to late 1970's. Gateway operated in the facilities of the Baltimore Hearing Society until moved to 515 Wolfe Street in 1960. At that time it was approved as a nonpublic special education school by the Maryland State Department of Education and operated following the required school calendar. Gateway remained at that location until approximately 1967 when it was moved to the Sunday School building of the First Presbyterian Church at Park and Madison. When the St. Paul Street facilities of the Hearing and Speech Agency were acquired, Gateway was moved to its current location in April, 1975, where it continues in operation. Gateway was initially operated as a special project of the Baltimore Hearing Society. In 1964 the Board which operated Gateway and the Board of the Hearing Society requested study of the programs and their future directions. One outcome of this study was recommendation for merger, which occurred on December 7, 1966, with the combined corporation renamed the Hearing and Speech Agency of Metropolitan Baltimore, Inc.

In 1964 there were approximately 25 children enrolled, both hearing impaired and language/speech impaired. The staff consisted of 4 part-time teachers, 4? classroom aides, one day a week speech pathology and the Director of the School. Tuition Assistance paid by the child's school system and the state totaled approximately \$200-400 per child per school year.

	1987	1992 (12/31/92)
Purpose(s):	Operate as a Level 5 special education facility for communicatively impaired children ages 3-6 providing classroom and related services	Level 5 special education facility for children ages 3-9 who have communicative disorders and additional - comprehensive educational needs.
Categories of	Principal; Education Dir.; Admin. Aide; Spec. Ed. Teachers; Aides; SLPs; Audiologist; OT; PT; Social Worker; Psychologist; Nurse.	The same plus Educational aide to Ed. Dir.; Principal, Ed. Dir., and Admin Aide also serve Bridges School

Key Events Effecting	PL 94-142; Expansion of public school programming; mainstreaming	Need for comprehensive services for primary aged students as well as younger children.
		Push to inclusion into public school classes; nonpublic expected to serve the more severe and multi-handicapped child.
		LEA to provide 20% of excess cost funding.
Services:	In addition to areas listed by staffing both TC and Oral approaches used; program of School Health added.	Same plus addition of pragmatic language group service added.
Staffing;		
Enrollment:		
Tuition (cost):	FTE: 21.4 plus clerical 85 children, all half day \$8,384 per child for 10 month school year	6/92: FTE: 19.4 27 half day at \$13,446 21 full day at \$21,521
		12/92
		FTE: 24.1 22 half day at \$13,988 26 full day at \$21,980
Services Duplicated?:	By public schools By Kennedy School	By public schools By Kennedy School
Gateway differs from competition:	1:1 speech frequency on daily basis (not usually in public) School nurse On premises availability of related services Part of a small agency not a large bureaucracy.	The same plus provision of Sensory Integration approach by OT
New Programs/	Working to establish full-day primary classes Summer program	Full day approved for 5 CA hearing impaired children Summer school offered with a mix of public and private funding Extended year programming approved with public funding for selected children

Referral Sources:	University Hospital Johns Hopkins Hospital H&SA Clinical/PITP CCHCC, PACT	Baltimore City Public Schools Kennedy Family Services Private physicians Kennedy Institute; PACT; University Hospital, private schools
Primary Referral Sources:	H&SA Clinical and PITP programs; Comp. Clinics University Hospital and Sinai	Baltimore City Public Schools and certain physicians
Strengths in Relation to Competition:	Able to group children more homogeneously than public; Able to provide more direct work with and assistance to families Small facility Continuum of programming	Same plus less expensive than Kennedy; offer half-day program for young child; more individual service than public
Strengths/Weaknesses of current position:	Dependent on public schools for approval of children and funding Individual speech Response to medically fragile children	Dependent on public schools for referrals as well as funding Availability of school health service encourages some referrals Seek to establish an extended year program for more than hearing impaired or PDD children Accept severe behavioral problems (both pros. and negs. to program) Increasing problem hiring and retaining appropriately trained and experienced staff particularly SLP.
Trends:	Develop support services for medically fragile To initiate primary program Concern about on-going use of Gateway by BCPS	Must continue to be able to maintain flexibility in response to school statement of needs. No assurance from year to year regarding size of enrollment Need to strengthen ourselves to deal with increasing number of severe behavioral problems Consider adding psychiatric staffing/consultancy Consider defining and promoting programming for PDD children Strengthen ourselves in programming and skills in developing use of residual hearing of children.

Social Work

Original Purposes and Brief History:

Needs for social work services were identified by the Agency in the 1960's particularly in relation to the special education children and families. However, the Agency was unable to act upon this staffing as the United Way did not give approval to the Agency to provide social work services within the framework of a hearing and speech facility. It was recommended to the Agency that clients needing such services should be referred to public mental health facilities or to case work agencies, public or private. This was attempted without much success, demonstrating the need to have case workers knowledgeable about communicative disorders and with the time and availability to be part of the team serving the Agency clients.

In 1974 the Agency was awarded a three-year federal grant for purposes of development of a program serving infants and young children. As part of the staffing of that grant we had included both a social work consultancy and a psychology consultancy. This was the first opportunity for the Agency to be able to offer social work counseling as part of our staff and on premises.

At the termination of the grant transitional funding was obtained which again allowed social work to be provided by the Agency. Subsequent to that time the area of social work has been provided to children and families of Gateway, of the Parent-Infant-Toddler Program (through education funding) and to some clients in the clinical speech pathology program (through CMS or private payment of fees). The services provided by the agency were designed for work with clients/client families to assist them in understanding the effects of communicative disorders on their lives, their functioning, their interaction and also to provide various counseling services when family/client problems interfered with the positive use of other Agency services.

	1987	1992
Purpose:	Not a generic social work program; served Gateway PITP and occasional other clients.	Primarily serves Gateway, some Bridges and tuition assistance, PITP; occasional adult hearing impaired.
Admin/Staffing:	Part-time Director and one staff member .3 Clinical/PITP .4 Gateway	Part-time Same .2 Clinical/PITP .4 Gateway
Key Events Affecting Development:	Lack of stable funding for non-Gateway services Reduction in # of children approved to TA in PITP Lack of need in non-educational programs	Same Same Same

Type Services:	Evaluation Counselling (individual & group) Workshops	Same
Duplication of	Not with an orientation to communicative impairment and effects on behavior	Same
		Same service for general handicapping conditions, PACT, Kennedy but are free usually. SW counseling for adults; Same hospital based
Primary Source of Clients for SW:	Gateway PITP	Gateway Bridges other agencies
Current Trends, possible new directions, barriers:		<p>Continue inclusion of SW in Gateway cost sheet</p> <p>Reduction in PITP tuition assistance (reduces volume of service)</p> <p>Minimal need and/or funding support for clinical clients</p> <p>Inability to qualify for mental health funding due to primary diagnosis of our clients.</p> <p>"Mental Health" component?</p> <ul style="list-style-type: none"> - need funding base - need licensed psychologist - need and/or appropriate relationship with psychiatrist <p>Consider developing workshops (child development for nannies)</p> <p>Parent/child activity center</p>

See separate submission

Speech Language Pathology:

Speech Language Pathology services were the second area of professional service established within the Agency. In the late 1950's a full time position in speech pathology was filled resulting in a divergence in clientele served in relation to previous years. For the first time the Baltimore Hearing Society provided services to children and adults with communicative problems which were not the result of hearing impairment.

Initial service was provided the Maryland School for the Blind, the Keswick Home and to individual clients seen at the location of the Hearing Society. The speech pathology services expanded in many areas including number of locations, size of staff, number of clients served, number of contractual relationships which were developed as well as expansion in its support of various Agency programs (Gateway, PITP, etc.). This expansion resulted in the proportion of non-hearing impaired clients representing at 75 to 80 percent of clients served whereas previous to the establishment of the speech services 100 percent of clients were hearing impaired or families of hearing impaired persons.

Our Agency has been instrumental in development of speech pathology services in various locations in the Baltimore Area, usually continuing to serve these sites until the program grew sufficiently that it became more cost effective for the purchaser to directly employ its own speech staff.

Our Agency developed and staffed for the first time speech services for the Maryland School for the Blind, for the Visiting Nurse Association Home Health Services, Keswick Home (we continue to serve there) for Linwood Children's Center (we continue to serve there) and for the Preschool Enrichment Program in Bel Air. Through a cooperative working arrangement the Agency staffs and operates the program at the Hilgenberg Scottish Rite Center for Children with Language Disorders.

The speech language pathology program continues with its original purpose—to serve children and adults with hearing, language and speech problems and living in Baltimore City and central Maryland.

	1987	1992
Purpose:	Same as original	Same as original
Admin/Staffing	Clinical Director/ Coordinator FTE = 8.6 N - 13	Same N = 11 - FTE 4.8 12/92 - N = 9 - FTE 5.0
Key Events affecting	PL 99-457 HMO's Expansion of public school services, other agencies' expansion.	Part H - IDEA Continued expansion of public school services. Major expansion of private practice, for-profit companies and hiring of staff by for-profit companies offering high hourly rate of pay.

Services:	Evals, Treatment, Consultation, Lip Reading group	Same
Duplication Competition:	Schools/Hospitals, Private practice, for- profit businesses	Increased Increased
New Services Proposed:		Children with Reading Disabilities
Primary referral sources:	parent & Self Physician CPC PEP Head Start Kennedy CEU Sinai	Parent & Self physician DVR M. Fox University Hospital C. Erskins, JHH JHH
Primary referral sources and categories of clients planned for future:		Maintain public sector services at no less than current level Increase private sector services Reduce #'s of sliding fee clientele and/or find more ways to finance cost of service.
Location:	2220 St. Paul Street Scottish Rite 39th & Charles Harford County & PEP Carroll County Howard County Keswick Church Hospital Inpatient Church Hospital Home Care Linwood	2220 St. Paul Street Scottish Rite 39th & Charles Good Shepherd Center Glenelg School Keswick Church Hospital Inpatient Church Hospital Home Care Linwood Head Start
Number of Services Provided:	A & B = 288 C = 6,028	A & B = 134 C - 5,164
Number of Referrals: (all services)	612	499
Trends, New Directions Barriers, Concerns:		Continued major problems in in recruiting and staffing SLP positions.

Ability to maintain staff with the training and experience to serve our referrals and clients at various sites of service.

Decrease in referrals of young children since Infant Toddler Program Single Point of Entry initiated.

Problem of being able to respond to some ITP referrals if there is no 3rd party funding and we are not allowed to charge the family.

Exploration of new or different client groups/sites of service needing our services.

Potential for expansion of services at Brown Memorial drawing from that population area.

Centralized Interpreter Referral Service (CIRS)

CIRS was established in 1986 in response to demonstrated and documented need in the community and the interest of the Hearing and Speech Agency to develop more services for adults and for adults with hearing impairments. At that time there was no organized, on-going availability of qualified interpreters in the Baltimore/Central Maryland region. Considerable time was spent by many agencies, organizations, colleges, etc. in attempting to obtain an interpreter to meet a need, to be assured that the interpreter was qualified for the assignment and, if required to be in compliance with Section 504 of the Rehabilitation Act, to have an interpreter available. Section 504 stated that any organization, agency or other entity receiving federal funds, directly or indirectly, must provide barrier free access to its services and programs for all persons regardless of their disability.

The initial funding for CIRS was a combination of a \$25,000 grant from the Baltimore City Office on Aging, some private grant funding and provision by the Agency of indirect and overhead costs funding. Its initial purpose was to provide oral and sign language interpreters for deaf and hearing impaired people to assure accurate, clear communication. It was planned to be and was established as a service primarily aimed at third party purchasers and has never received more than \$20,00-25,00 from the United Way annually. Such funds provide financial support for services needed where there is not an identifiable funding source.

Overall goals for CIRS were aimed at operating the program with no subsidy and to use any excess income produced to meet costs for program development and of general Agency operating needs.

	1987	1992
Purpose:	Same as when established	Same; by this time Sign Language classes and Living with Hearing Loss classes established
Admin/Staffing	Project Director .3 Administrative aide 1.0 Part-time interpreter .6 25 free lance interpreters	Project Director .3 Administrative Aide 1.0 Part-time interpreter .6 Clerk 1.0 Clerk .5 102 free-lance interpreters.
Key Events Affecting Development:	Services produced income over expense	December, 1992 Part-time clerk .6
Duplication of Service:	Deaf Pride Sign Language Associates (SLA)	ADA Decrease in government purchase of service. Some increase in private purchase but less than loss of government purchase.
		SLA Balt. Co. Adult Ed (S/L) classes; TSU service for hard of hearing adults

Differences from from competition:	Less expensive	CIRS interpreters less costly Our S/L classes more costly; We have no strong financial base to significantly under bid competition to get initial contract.
Number of Clients/ Services:	430 persons (unduplicated) 3,820 hours	1,026 persons unduplicated 16,667 hours Living with Hearing Loss 23 clients 201 services
New Programs, Trends		12/92 15,296 persons (annual projections) LWHL 12 clients (6 months) 34 services (6 months)
		Emergency Services; Performance Interpreters; Pricing of services to deal with competition. Off-site services? Declining enrollment in Sign Language classes -- (one time event or trend?)
		Need to determine market for Living with Hearing Loss. Availability of sufficient numbers of interpreters.
		Study possibility of establishing legal services with deaf.